

# Mazdak Eyrumlu and Azad Eyrumlu Yeovil Dental Care

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 28 November 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **Our findings were:**

##### **Are services safe?**

We found that this practice was not providing safe care in accordance with the relevant regulations.

##### **Are services effective?**

We found that this practice was providing effective care in accordance with the relevant regulations.

##### **Are services caring?**

We found that this practice was providing caring services in accordance with the relevant regulations.

##### **Are services responsive?**

We found that this practice was providing responsive care in accordance with the relevant regulations.

##### **Are services well-led?**

We found that this practice was not providing well-led care in accordance with the relevant regulations.

#### **Background**

Yeovil Dental Care is a dental practice providing NHS and private dental treatment for both adults and children. The practice is based in the upper floors of a grade two listed building on the High Street in Yeovil, a town situated in Somerset.

Yeovil Dental Care's corporate owner is Southern Dental Limited. Southern Dental owns approximately 80 practices. The company has created a laudable vision, mission and values statement which are intended to support the ethos of Yeovil Dental Care.

The practice has five dental treatment rooms and a separate decontamination room used for cleaning, sterilising and packing dental instruments. There are two waiting rooms. Access to the practice is via a staircase, there are no lifts available in the practice, which has several floor levels.

The practice employs three dental practitioners, one hygienist, a practice manager, four dental nurses, one trainee dental nurse, three reception staff and a cleaner.

The practice opening hours are between 8.30am – 5.00pm Monday to Friday. The practice is closed at weekends. There are arrangements in place to ensure patients receive urgent medical assistance when the practice is closed. This is provided by an out-of-hours service.

The practice had a registered manager in post at the time of inspection. A registered manager is a person who is

# Summary of findings

registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

We obtained the views of three patients on the day of our inspection and five patients who completed feedback cards.

## **Our key findings were:**

- We found that the practice ethos provided high quality patient centred care in a relaxed and friendly environment.
- Effective leadership was not provided by senior clinicians and an empowered practice manager.
- Staff had been trained to handle emergencies, appropriate medicines and life-saving equipment was readily available in accordance with current guidelines.
- The practice appeared clean and maintained.
- Infection control procedures were mostly in place and the practice followed published guidance.
- The practice had a lead professional for safeguarding with effective processes in place to safeguard children and adults living in vulnerable circumstances.
- Two medical emergencies had occurred in the practice and neither was fully documented. Appropriate follow up actions following the incidents had not been taken by either the dentist, manager or company. No learning points had been identified, documented or shared with other members of staff.
- Policies, procedures and risk assessments to govern practice activity did not contain relevant local information. The lack of local branding and information diminished their value and usefulness to staff.
- There were not adequate systems in place for checking some of the equipment in a timely way. For

example the compressor had not been serviced within the required period and the correct daily checks for the autoclaves were not being carried out and recorded.

- Systems and process did not provide staff with appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to carry out.
- The dentists provided care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines.
- Patients could access treatment and urgent and emergency care when required.
- Information from five completed Care Quality Commission (CQC) comment cards gave us a positive picture of a friendly, caring and professional service.

## **We identified regulations that were not being met and the provider must:**

- Ensure that where incidents have taken place they are appropriately dealt with, fully documented and reported upon. Learning points are identified, reported upon and fed back to enable staff to respond more appropriately at the practice..
- Ensure that policies, procedures and risk assessments contain local relevant information and are fit for purpose.
- Ensure clear processes are in place and operated effectively to check equipment is serviced and maintained in a timely way and in line with manufacturer and legal requirements.
- Ensure an effective system is operated for collating the records of induction, training and appraisal of staff members.

## **There were areas where the provider could make improvements and should:**

- Review the Disability and Discrimination Act 1995 audit and consider the introduction of a hearing loop for patients with hearing difficulties.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

We found that this practice was not providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Enforcement Actions section at the end of this report).

The practice had arrangements for essential areas such as infection control, clinical waste control, management of medical emergencies at the practice and dental radiography (X-rays).

Equipment used in the practice was not always maintained and serviced in line with manufacturer's guidance and legislative requirements. Potential risks to the service were not always identified and actions taken to minimise risk for the protection of patients from health and safety issues and the introduction of new staff.

There were sufficient numbers of suitably qualified and skilled dentists and dental nurses. There were no clear systems to monitor and address any shortfalls in clinical governance and training records.

There were no clear systems and processes in place to monitor and address incidents in practice to ensure learning had taken place and improvements implemented.

**Enforcement action**



### Are services effective?

We found that this practice was providing effective dental care in accordance with the relevant regulations.

The practice kept detailed electronic and paper records of the care given to patients including comprehensive information about patient's oral health assessments, treatment and advice given. They monitored any changes in the patient's oral health and made referrals to specialist services for further investigations or treatment if required.

The practice was proactive in providing patients with advice about preventative care and supported patients to ensure better oral health. Patients spoken with and comments seen reflected patients were satisfied with the assessments, explanations, the quality of the dentistry and outcomes they experienced.

Staff we spoke with told us they had accessed training in the last 12 months to maintain their continuing professional development. Some staff had not received an appraisal and specific staff training needs were not always identified.

**No action**



### Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

**No action**



# Summary of findings

We reviewed the feedback from five Care Quality Commission comment cards and spoke with three patients on the day of the inspection. Comments were positive about how they were treated by staff at the practice. Patients commented they felt involved in their treatment and that treatment was fully explained to them by caring and competent staff.

The design of the reception desk ensured any paperwork and the computer screen could not be viewed by patients booking in for their appointment. Policies and procedures in relation to data protection, security and confidentiality of records were supplied by the company and had not been tailored to indicate any relevant local information. The lack of local branding and information diminished their value and usefulness to staff. Staff were aware of data protection guidance.

## Are services responsive to people's needs?

We found that this practice was providing responsive care in accordance with the relevant regulations.

The service was aware of the needs of the local population and patients, and took these into account in how the practice was run and patients treated.

Patients could access treatment and urgent and emergency care when required. The practice provided patients with access to telephone interpreter services when required.

The practice was situated on the first floor of the building. Patients with limited mobility were identified and sign-posted to nearby dental services with ground floor access. A Disability Discrimination Act 1995 audit had been carried out in January 2016. There was no access to a hearing loop system. There was an ability to print out large print documents if required. Staff identified patients with mobility difficulties, arranging for them to attend more accessible practices locally.

No action



## Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

We observed that although there was effective clinical care provided by the clinicians we spoke with working in the practice, there were shortfalls in the clinical governance systems and processes underpinning the clinical care.

Training records were incomplete and there was no assurance that staff were meeting the needs of their professional registration. Not all staff had induction training on commencement of duties in the practice.

Incidents where staff learning might be evident had not been adequately documented or reported upon. There was no corroborated evidence of follow up actions or learning points communicated.

Requirements notice



# Summary of findings

We noted that staff meetings took place. Records of meetings were seen and there was no evidence that learning outcomes following incidents were discussed.

The practice policies, procedures and protocols were supplied by the company and not practice specific to ensure staff were given appropriate local guidance. The lack of local branding and information diminished their value and usefulness to staff. Similarly risk assessments available in the practice were corporately supplied, limited in terms of practice specific scope and not wholly effective for monitoring or mitigating risks to patients and staff.

Systems in place to check equipment were not operated effectively. A compressor had not been serviced or certified to manufacturer's requirements within the required timeframe and three autoclaves in use were validated on instillation but not having the correct daily checks carried out and recorded in line with the 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' published by the Department of Health which details the recommended procedures for sterilising and packaging instruments.

# Yeovil Dental Care

## Detailed findings

### Background to this inspection

We carried out an announced, comprehensive inspection on 28 November 2016. Our inspection was carried out by a lead inspector, a second inspector and a dental specialist adviser.

Prior to the inspection we reviewed information we held about the provider. We also reviewed information we asked the provider to send us in advance of the inspection. This included their latest statement of purpose describing their values and objectives, a record of any complaints received in the last 12 months and details of their staff members together with their qualifications and proof of registration with the appropriate professional body.

We informed the NHS England local area team we were inspecting the practice; however we did not receive any information of concern from them.

During our inspection visit, we reviewed policy documents, staff training and recruitment records. We obtained the views of six members of staff. We also spoke with the registered manager and the area compliance manager for the company.

We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We were shown the decontamination procedures for dental instruments and the systems that supported the patient dental care records. We obtained the views of three patients on the day of our inspection.

Patients gave positive feedback about their experience at the practice. They told us the practice was good, that there were no problems with this service, patients were always treated very well, and staff were good, friendly, very polite and efficient.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice manager we spoke with demonstrated an awareness of RIDDOR 2013 (reporting of injuries, diseases and dangerous occurrences regulations). There were no clear systems and processes in place to monitor and address incidents which had taken place in the practice to ensure learning was identified and improvements implemented. Records showed that two such accidents had occurred within the last 12 months.

The practice received national patient safety alerts such as those issued by the Medicines and Healthcare Regulatory Authority (MHRA). Where relevant, these alerts were shared with all members of staff by the practice manager.

### Reliable safety systems and processes (including safeguarding)

We spoke with a dental nurse about the prevention of needle stick and sharps injuries. They explained the treatment of sharps and sharps waste was in accordance with the current guidance with respect to safe sharp guidelines to protect staff from blood borne diseases. A practice protocol was in place should a needle stick injury occur. The systems and processes we observed were in line with the Safe Sharps Regulations 2013.

The practice had a lead professional for safeguarding who was the point of referral should members of staff encounter a child or adult safeguarding issue. A policy and protocol was in place for staff to refer to in relation to children and adults who may be the victim of abuse or neglect. Training records seen showed that some, but not all staff had received appropriate safeguarding training for both vulnerable adults and children.

Information was available in the practice that contained telephone numbers of whom to contact outside of the practice if there was a need, such as the local authority responsible for investigations. The practice reported there had been no safeguarding incidents that required further investigation by appropriate authorities.

The practice carried out checks in relation to fire safety and had a current fire risk assessment dated May 2016.

Policies and procedures were supplied corporately but had not been amended to reflect any local requirements, for example local names and addresses. The lack of local branding and information diminished their value and usefulness to staff.

### Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. The practice had an automated external defibrillator (AED), a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. Staff had received training in how to use this equipment.

The practice had in place emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. The practice had access to medical oxygen along with other related items such as manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines. The emergency medicines and oxygen we saw were all in date and stored in a central location known to all staff.

The practice held training sessions each year for the whole team so that staff could maintain their individual competence in dealing with medical emergencies. We were shown documentary evidence of two medical incidents in which staff had not acted in accordance with recommended actions. These medical incidents had not been appropriately managed in accordance with training and policy guidance for the safety and the well-being of patients.

### Staff recruitment

All of the dental practitioners and dental nurses had current registration with the General Dental Council, the dental professionals' regulatory body. The practice had a recruitment policy that detailed the checks required to be undertaken before a person started work. For example, proof of identity, a full employment history, evidence of relevant qualifications, adequate medical indemnity cover, immunisation status and references.

We looked at four staff recruitment files and records confirmed they had been recruited in accordance with the practice recruitment policy.



# Are services safe?

We saw that all staff had received appropriate checks from the Disclosure and Barring Service (DBS). These are checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

Staff recruitment records were stored securely to protect the confidentiality of staff personal information.

## **Monitoring health & safety and responding to risks**

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. The practice maintained a comprehensive system of policies and risk assessments which included radiation, fire safety, general health and safety and those pertaining to all the equipment used in the practice. We were shown risk assessments for the practice but these were not comprehensive of all risks. Where some risks had been identified we saw clear actions had been implemented to mitigate the risk. The lack of local branding and information diminished their value and usefulness to staff.

The practice had a comprehensive file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, blood and saliva.

## **Infection control**

There were systems in place to reduce the risk and spread of infection within the practice. The practice had in place an infection control policy that was regularly reviewed. We observed the cleaning process and reviewed practice protocols which demonstrated the practice had followed the guidance about decontamination and infection control issued by the Department of Health, the 'Health Technical Memorandum 01-05 decontamination in primary care dental practices (HTM01-05)' in most cases. However in discussion with the dental nurse, and from records seen, we noted that the operation of three autoclaves which had been validated during installation were not having the correct daily checks carried out and recorded to ensure their efficiency.

An infection prevention self-audit had been completed in February 2016 which reported that the practice was achieving the required levels of compliance. We saw these audits had been completed every six months in accordance with guidance.

The practice had completed an annual statement in relation to infection prevention control as required by The Health and Social Care Act 2008: Code of Practice about the prevention and control of infections and related guidance.

We saw the five dental treatment rooms, two waiting areas, reception and toilet were visibly clean, tidy and clutter free. Clear zoning demarking clean from dirty areas was apparent in all treatment rooms. Hand washing facilities were available including liquid soap and paper towel dispensers in each of the treatment rooms. Hand washing protocols were also displayed appropriately in various areas of the practice and bare below the elbow working was observed.

The drawers in one of the treatment rooms were inspected and these were clean, ordered and free from clutter. Each treatment room had the appropriate personal protective equipment available for staff use, this included protective gloves and visors.

The dental nurse we spoke with described to us the end-to-end process of infection control procedures at the practice. They explained the decontamination of the general treatment room environment following the treatment of a patient. They demonstrated how the working surfaces, dental unit and dental chair were decontaminated. This included the treatment of the dental water lines. The dental water lines were maintained to prevent the growth and spread of Legionella bacteria (Legionella is a term for particular bacteria which can contaminate water systems in buildings); they described the method they used which was in line with current HTM 01 05 guidelines. We saw a Legionella risk assessment had been carried out at the practice by a competent person dated February 2016. The recommended procedures contained in the report were completed and logged appropriately.

The practice had a separate decontamination room for instrument cleaning, sterilisation and the packaging of processed instruments. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean.

The practice used an ultrasonic cleaner for the initial cleaning process, following inspection with an illuminated magnifier; the instruments were placed in an autoclave (a



# Are services safe?

device for sterilising dental and medical instruments). When the instruments had been sterilised, they were pouched and stored until required. All pouches were dated with an expiry date in accordance with current guidelines.

We were shown there were limited systems in place to ensure equipment was checked and maintained in accordance with manufacturer's guidance. We saw documentary evidence confirming the compressor had not been serviced or certified to manufacturer's requirements within the required timescales.

The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health. We observed sharps containers, clinical waste bags and municipal waste were properly maintained in accordance with current guidelines. The practice used an approved contractor to remove clinical waste from the practice. This was stored in a separate locked location adjacent to the practice prior to collection by the waste contractor. Waste consignment notices were available for inspection and demonstrated safe waste disposal arrangements.

Cleaning materials and equipment were stored in accordance with current national guidelines however the cleaning schedule we were shown demonstrated cleaning was being completed as specified by the practice manager and in accordance with the National Patient Safety Agency guidance..

## Equipment and medicines

Equipment checks were mostly carried out in line with the manufacturer's recommendations. For example, the autoclaves had been serviced and calibrated in October 2016, however daily checks were not being carried correctly. Other equipment used in the decontamination processes had been serviced. Documentary evidence seen and corroborated in discussion with the practice manager demonstrated the compressor should have been serviced in June 2016 but this had not been carried out. The practice's X-ray machine had been serviced and calibrated as specified under current national regulations.

A portable appliance test (PAT – this shows electrical appliances are routinely checked for safety) had been carried out annually by an appropriately qualified person to ensure the equipment was safe to use.

A dentist told us they were not provided with appropriate instruments to complete a root canal treatment to an optimum standard. Patients were booked for root canal treatment had appointments cancelled until suitable equipment was available to complete their treatment. The dentist told us this happened on a regular basis.

We observed that the practice had equipment to deal with minor first aid problems such as minor eye problems and body fluid and mercury spillage.

The practice had policies and procedures regarding the prescribing, recording, use and stock control of the medicines used in clinical practice. The dentists used the on-line British National Formulary to keep up to date about medicines.

Medicines were stored safely and staff kept a detailed record of stock in each treatment room. Prescriptions pads were stored securely and details were recorded.

## Radiography (X-rays)

We were shown a well-maintained radiation protection file in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). This file contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor and the necessary documentation pertaining to the maintenance of the X-ray equipment. Included in the file were the three yearly maintenance logs and a copy of the local rules.

We were shown a radiological audit for each dentist had been carried out on an ongoing basis during February 2016 which demonstrated X-rays were assessed and graded in accordance with the Faculty of General Dental Practice (FGDP) good practice guidelines. Dental care records we saw where X-rays had been taken showed that dental X-rays were justified, reported upon and quality assured.

The radiological audit demonstrated that the practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation. We saw training records which showed staff had received training for core radiological knowledge under IRMER 2000 Regulations.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept detailed paper and electronic records of the care given to patients. We reviewed the information recorded in patient dental care records to corroborate information received and found they provided comprehensive information about patient's oral health assessments, treatment and advice given.

They included details about the condition of the teeth and soft tissues lining the mouth. For example we saw details of the condition of patients gums were recorded using the basic periodontal examination (BPE) scores. The BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums. These were reviewed at each examination in order to monitor any changes in the patient's oral health.

The practice kept up to date with current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, the practice referred to National Institute for Health and Care Excellence (NICE) guidelines in relation to wisdom teeth removal and in deciding when to recall patients for examination and review. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure every NHS patient gets fair access to quality treatment.

Medical history checks were updated at every visit and patient dental care records we looked at confirmed this. This included an update about patient's health conditions, current medicines being taken and whether they had any allergies. Patients spoken with and comments received from patients demonstrated they were satisfied with the assessments, explanations, the quality of the dentistry and outcomes.

### Health promotion & prevention

The practice had a focus on preventative care and supporting patients to ensure better oral health in line with 'The Delivering Better Oral Health toolkit' (Delivering better oral health' is an evidence based toolkit to support dental

teams in improving their patients' oral and general health). For example, fluoride applications for children, high concentrated fluoride toothpaste and oral health advice were provided.

The medical history form patients completed included questions about smoking and alcohol consumption. Patients were given advice appropriate to their individual needs such as smoking cessation, alcohol consumption or dietary advice.

The practice provided health promotion information to support patients in looking after their general health using leaflets, posters, and a patient information file and via their noticeboard situated in the waiting room. This included making patients aware of the early detection of oral cancer. Patients we spoke with told us they found the noticeboard and patient information leaflet informative.

### Staffing

The practice employed three dental practitioners, (all of whom were registered with the General Dental Council), one hygienist, five dental nurses, one trainee dental nurse enrolled on a course, three reception staff, one cleaner and a practice manager. The staff told us that there were sufficient numbers of staff available to treat patients.

All of the patients we asked told us they felt there was enough staff working at the practice. Staff we spoke with told us they felt supported by dentists and the practice manager. They told us they felt they had acquired the necessary skills to carry out their role and were encouraged to progress.

We observed a friendly atmosphere at the practice. All clinical staff had current registration with their professional body, the General Dental Council.

We were shown staff recruitment records.. One record we saw confirmed an individual's immunisation history had not been obtained prior to starting duties. The practice were unable to provide a risk assessment for the member of staff with an unconfirmed immunisation history.

Clinicians told us they were not being supported or managed effectively. One dentist had not gone through an induction process until after commencing work at the practice. We were shown limited evidence staff had been given induction training. Training records were incomplete and there was no appraisal system to monitor and support staff...

# Are services effective?

(for example, treatment is effective)

## **Working with other services**

The practice worked with other professionals where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment. The practice completed a detailed proforma and referral letter to ensure the specialist service had all the relevant information required. The dentists told us they had good access to urgent dental care services and could make telephone contact initially with the specialist service to ensure patients were seen quickly. Dental care records contained details of the referrals made and the outcome of the specialist advice.

## **Consent to care and treatment**

Staff explained to us how valid consent was obtained for all care and treatment. The practice consent policy provided staff with guidance and information about when consent was required and how it should be recorded. Staff were aware of the principles of the Mental Capacity Act 2005 (MCA) and their responsibilities to ensure patients had enough information and the capacity to consent to dental

treatment. Staff explained how they would consider the best interests of the patient and involve family members or other healthcare professionals responsible for their care to ensure their needs were met. Staff had received specific MCA training and had a good working knowledge of its application in practice.

All dentists spoken with were also aware of and understood the use of the Gillick competency test in relation to young persons under the age of 16 years. The Gillick competency test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

We reviewed a random sample of dental care records to corroborate the dentist's descriptions regarding treatment recording. Treatment options, risks, benefits and costs were discussed with each patient and documented in a written treatment plan. Consent to treatment was recorded. Feedback from patients we spoke with confirmed they were provided with sufficient information to make decisions about the treatment they received.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

Treatment rooms were situated away from the main waiting areas and we saw doors were closed at all times when patients were with dentists. Conversations between patients and dentists could not be heard from outside the treatment rooms, which protected patient's privacy. Patients clinical records were stored securely. Computers which contained confidential patient information were password protected and regularly backed up to secure storage. Patient records were stored in an area of the practice not accessible to unauthorised members of the public.

Practice computer screens were not overlooked which ensured patients' confidential information could not be viewed at reception. Staff were aware of the importance of providing patients with privacy and maintaining confidentiality.

We obtained the views of five patients prior to the day of our visit and three patients on the day of our visit. These provided a positive view of the practice and service provided. All of the patients commented the dentists were

good at treating them with care and concern. Patients commented treatment was explained clearly and the staff were caring and put them at ease. They also said the reception staff were helpful and efficient. During the inspection, we observed staff in the reception area, they were polite and helpful towards patients and the general atmosphere was welcoming and friendly.

### **Involvement in decisions about care and treatment**

The practice provided patients with information to enable them to make informed choices. Patients commented they felt fully involved in making decisions about their treatment, were at ease speaking with the dentists and felt listened to and respected. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the treatment options. Dental care records we looked at reflected this.

Patients were given a copy of their treatment plan and associated costs. This gave patients clear information about the different elements of their treatment and the costs relating to them. They were given time to consider options before returning to have their treatment. Patients signed their treatment plan before treatment began.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

During the inspection we looked at examples of information available to patients. We saw that the practice waiting area displayed a variety of information including a patient information leaflet which included information about the services offered at the practice and how to make a complaint.

The patient information leaflet explained opening hours, emergency 'out of hours' contact details and arrangements and how to make a complaint.

The practice website also contained useful information for patients such as details about different types of treatments and how to provide feedback about the services provided. We observed that the appointment diaries were not overbooked and this provided capacity each day for patients with dental pain to be fitted into urgent slots for each dentist.

The dentist decided how long a patient's appointment needed to be and considered any special circumstances such as whether a patient was very nervous, had a disability and the level of complexity of treatment.

### Tackling inequity and promoting equality

The practice had an equality and diversity policy in place and allowed access to training to support staff in understanding and meeting the needs of patients. A disability audit had been carried out in January 2016.

The practice had limited disability access into the building and we saw there was a call bell system in operation. Any patient with special needs would be identified and directed to more accessible practices.

The practice did not have access to a 'hearing loop' which would assist patients with hearing issues. The practice manager told us these were available and one would be ordered for the practice as soon as was reasonably practical.

### Access to the service

The practice opening hours were between 8.30 and 5.00pm Monday to Friday. We asked three patients if they were satisfied with the hours the surgery was open; all confirmed they were satisfied.

The practice used the NHS 111 service to give advice in case of a dental emergency when the practice was closed. This information was publicised in the practice information booklet kept in the waiting area, NHS Choices website and on the telephone answering machine when the practice was closed.

### Concerns & complaints

There was a complaint policy, which provided staff with information about handling formal complaints from patients.

Information for patients about how to make a complaint was available in the practice waiting room. This included contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint. We asked three patients if they knew how to make a complaint if they had an issue. They told us they knew how to if needed.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found there was an effective system in place which ensured a timely response.

For example, a complaint was acknowledged within three working days and a full response when enquiries were completed. We saw a complaints log which showed the practice had received three complaints in the last 12 months. Two of these had been handled in accordance with the policy and timeframes and one was still under investigation.

# Are services well-led?

## Our findings

### Governance arrangements

The practice had some governance arrangements in place to ensure risks were identified however, they had not been managed appropriately. We saw some risk assessments but few control measures had been put in place to manage those risks. For example, we spoke with the newly appointed infection control lead professional who was not fully conversant with how to carry out the responsibilities of the role. Other staff we spoke with were aware of their roles and responsibilities within the practice.

Health and safety and risk management policies were supplied corporately and had not been changed to reflect any local issues, for example local names and addresses. The lack of local branding and information diminished their value and usefulness to staff.

We looked in detail at how the practice identified, assessed and managed clinical and environmental risks related to the service provided. We saw there were some risk assessments but limited control measures had been put in place where risk assessment had been undertaken specific to the practice.

We saw unused air conditioning units attached on upper external levels of the practice building, directly above the street. There was limited evidence of these units being securely attached to the walls and they presented a risk to patients should they fall. There was no risk assessment presented concerning the unused air conditioning units.

Members of staff with a lead role, for example in safeguarding and infection control, supported the practice to identify and manage risks and helped ensure information was shared with all team members. A new professional lead for infection control had been appointed. The role was to support the practice to identify and manage risks relating to this area of practice and meet the essential standards required.

There were policies and procedures supplied corporately however they had not been changed to reflect any local issues, for example local names and addresses. The lack of local branding and information diminished their value and usefulness to staff.

Staff were aware of the policies and procedures. The policies and procedures included guidance about confidentiality, record keeping, managing violence and aggression, inoculation injuries and patient safety.

There had been regular monthly practice meetings to discuss practice arrangements and audit results as well as providing time for educational activity and discussion. We saw minutes from a practice meeting recently held where issues such as infection control and patient care had been discussed however there were no documented actions.

### Leadership, openness and transparency

The practice had a statement of purpose that described their vision, values and objectives. Staff told us there was an open culture within the practice which encouraged candour and honesty. There were not clearly defined leadership roles within the practice. The manager was seeking to embed clearly defined roles and an ethos of providing high quality dental care to their patients. There was limited training needs analysis and development for the practice manager. The practice manager and dentists told us patients were informed when they were affected by something which went wrong and given an apology or explanation. In discussion with staff and a review of documented incidents, we saw learning outcomes were not identified and no discussion had taken place with staff.

There were structured arrangements for sharing information across the practice team, including holding regular meetings which were documented for those staff unable to attend.

### Learning and improvement

The practice had an understanding of the need to ensure staff had access to learning and improvement opportunities. Staff working at the practice maintained their continuing professional development (CPD) as required by the General Dental Council (GDC). Records showed professional registrations were up to date for staff and there was some evidence that continuing professional development was taking place.

The practice manager showed us they had a detailed programme of clinical and non-clinical audits. These included audits of record keeping, radiographs, the cleanliness of the environment and reception duties such as maintaining up to date patient details including medical

## Are services well-led?

histories. Where areas for improvement had been identified in the audits there was no documentary or verbal evidence that actions had been and no evidence that learning had taken place.

### **Practice seeks and acts on feedback from its patients, the public and staff**

The practice gathered feedback from patients through the family and friends test and a patient survey. The feedback

was generally positive about the practice. There were no recorded reviews on NHS choices. We saw that there was a complaint procedure in place, with details available for patients in the waiting area. The practice did not have systems in place to feed information back to provide evidential analysis of patient's comments or drive improvements.



## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none"><li>• Systems in place for assessing, monitoring and mitigating risk were limited. Health and Safety risk assessments were documented but not all risks had been identified and actions to mitigate them taken for the safety of patients and the quality provision of the regulated activities.</li><li>• Policies and procedures to govern activity did not contain relevant local information to ensure staff understood actions to take to ensure safe and quality service provision.</li><li>• There were not effectively operated systems for checking safety and validity of equipment in a timely way. For example a compressor had not been serviced within the required period of time and the autoclaves were not being appropriately checked on a daily basis.</li></ul>
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none"><li>• Effective systems and processes were not in place to monitor and support of staff by way of induction, supervision, appraisal and training to enable them to carry out the duties for which they are employed.</li></ul>

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  <b>How the regulation was not being met:</b> <ul style="list-style-type: none"><li>• Medical emergencies had taken place and were not fully documented with appropriate follow up actions in regard to the nature of the incidents. No learning points had been identified.</li></ul>